

# PERSONNEL CHECKLIST

Include all new hires and volunteers performing a direct service on a regular basis

Agency: \_\_\_\_\_

Person's Name Filling Out Form: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_

Enter full date of completion in each category

NAME	Position	Hire date	Date of Ind. Func.	Personnel										Level II					Level III						
				Criminal record check	Nurse Aide abuse check	Central Registry	TB Test	Agency Orientation	Job Description	Performance Evaluation	Date eligible to administer meds	Education	Training on individual Needs	First Aid	CPR	Abuse & Neglect	Crisis Prevention	Rights	Medication Administration	Meds and Seizures	Case Management	Core Training	Competency Checklist		

**Core Training** = Values, Attitudes & Stereotypes, Building Community Inclusion, Person Centered Planning, Positive Behavior Support, Self-Determination, Human Sexuality & Strategies for Successful Teaching